GUIDELINES
FOR APPLYING TO THE TRAVELING ARCHIVIST PROGRAM
A program of the State Archives of North Carolina

Introduction: Thank you for taking the time to complete the application for the Traveling Archivist Program, an initiative of the State Archives of North Carolina to improve preservation of and access to archival collections.

The purpose of TAP is to encourage best practices in the preservation of and access to special collections (rare books, manuscripts, archival records, photographs, oral histories, scrapbooks, newspapers, and ephemera) held in North Carolina repositories. Repositories include historical and genealogical societies; public libraries; the archives of colleges, hospitals, and other organizations; historic houses and sites, museums; and other publically-accessible institutions that hold **archival materials** documenting the state's history and culture.

Your completed application will help us determine the type of assistance we deliver to your institution during a site visit. TAP site visits will be built around a physical survey of your collections to assess both preservation needs (storage conditions, security, environmental controls), and access tools (finding aids, inventories, indexes, or catalog records, etc.). During the survey, discussions with and input from the staff will help inform recommendations for improving collection preservation and access. These recommendations will be formalized in a written report provided to you.

Eligibility: All North Carolina institutions that hold archival records documenting North Carolina history and culture and whose collections are accessible to the public may apply; however, priority will be given to smaller institutions with limited resources to care for and manage their collections. Geographical location within North Carolina will be considered to ensure that repositories in all regions participate. The size and scope of the collections, their condition, specific requests for assistance, and the availability of institutional resources will be considered in the evaluation of all applications. **TAP is not designed to provide assistance for institutions that house primarily objects or artifacts.** *Institutions selected for site visits from the Traveling Archivist must agree to complete a follow-up evaluation intended to measure the effectiveness of the program and agree to help promote the work of the TAP.*

How to Apply: Online applications are preferred. Online applications must be received by **5:00 p.m., September 26, 2014.** Please type "**TAP Application**" in the subject line and email to:

Andrea Gabriel
andrea.gabriel@ncdcr.gov

Paper copies will be accepted if they are postmarked no later than **5:00 p.m., September 26, 2014** and mailed to:

Andrea Gabriel
State Archives of North Carolina
4614 Mail Service Center
Raleigh, NC 26699-4614

Questions relating to the application may be addressed to:
Andrea Gabriel
919.807.7326; Monday—Friday, 8:00 a.m. to 5:00 p.m.

Date of this application: (mm/dd/yyyy)_____

STATE ARCHIVES OF NORTH CAROLINA
Traveling Archivist Program (TAP)
Application for Assistance

I. INSTITUTIONAL INFORMATION

1. Name of Institution:

If part of a larger institution, please list parent organization:

Your Name: Your Title:

Your E-mail address: Your Telephone:

Institutional Mailing Address:

Street Address (If different than mailing address): _____

City: Zip:

E-mail: Telephone: Fax:

Institutional Website:

County:

U.S. Congressional District:

2. Have you received a TAP visit before? ____Yes ____No   If yes, what date? (mm/ dd/yyyy_____)

3. Have you had consulting services before or have you received assistance from any organization or state/local agency before? ____Yes ____No   If yes, describe those services and date delivered (e.g. survey; consultation)

4. Primary Type of Institution (Check only one):

____Archives; ____Library; ____Historical Society; ____Genealogical Society; ____Historic Site/House;

____Museum; ____Other; please describe _____

PLEASE NOTE: EACH OF THE FOLLOWING QUESTIONS REFERS SOLELY TO THE ARCHIVAL COLLECTION FOR WHICH YOU ARE REQUESTING ASSISTANCE. AS EXAMPLES, IF YOU NEED ASSISTANCE WITH A LOCAL HISTORY COLLECTION THAT IS PART OF A LIBRARY'S HOLDINGS, ADDRESS ONLY THAT COLLECTION, OR IF YOU HAVE ARCHIVAL RECORDS AS PART OF A MUSEUM COLLECTION, ADDRESS ONLY THE ARCHIVAL COLLECTION.

5. In the space below, please describe the nature of your collection (s) *(LIMIT 150 WORDS)* addressing:
    *   *how it came into existence;*
    *   *ways the collection is promoted to and accessed by the public;*
    *   *the significance of this collection to North Carolina history and culture.*

6. Staff dedicated to this collection:

    ____ All volunteer run organization; ____1 or fewer paid staff; ____2-5 paid staff; ____Over 5 paid staff

7. Number of volunteers, interns, etc. in addition to paid staff who work specifically on this collection: ___

8. Square footage of storage space dedicated for this collection: _____

9. Square footage of public services space available for this collection: _____

10. Is this archival collection accessible to the public? ____ yes ___ no

11. Number of people who access and use this collection annually (onsite): _____

12. Operating hours and days that this collection is open to the public: (for example, M-F; 8:00 a.m.--1:00 p.m. or "by appointment only", etc.) _____

13. What is your annual budget for the management and care of the archival collection? _____

14. Source(s) of funding for this collection: (Please check all that apply)

___Federal appropriation

___State appropriation

___Local appropriation

___Private funding (bequests, etc.)

___Admissions fees

___Other (please describe)

15. Do you currently receive any grant monies (private, federal, or state) to operate this collection?
___ Y ___N   If yes, please list and describe:

16. What guidelines and policies do you have for the management of your collections and operations? (For example, administrative articles of incorporation, accessions, collections management, or reference policies.)

II. COLLECTIONS INFORMATION

17. Type of material included in this collection: (Please check all that apply)

_____ Personal papers, diaries, ledgers, correspondence or letters

_____ Photographic prints/negatives/slides

_____ Scrapbooks

_____ Maps

_____Microfilm/fiche

_____ Drawings/2-dimensional works of art

_____ Architectural drawings

_____ Image recordings: _____list media formats (e.g. film, video tapes)

_____ Sound recordings: _____list media formats (e.g. cassette tapes, albums)

_____ Magnetic storage tapes

_____CDs or other computer media

_____ Electronic or Digital Materials

_____ Administrative Records

_____ Rare books

_____ Other; please describe _____

18. What is the volume of your archival holdings? (e.g. number of cubic feet <u>or</u> ; number of manuscript

boxes; indicate only one) _____ cu. feet or _____ (number of boxes)

19. Is this collection protected by climate and environmental controls? _____Y _____N

20. What percentage of this collection is arranged and described or cataloged? ____%

21. What percentage of this collection has finding aids/inventory lists or other finding tools? ____%

22. What percentage of this collection is accessible online? ____%

23. What percentage of this collection needs immediate preservation/conservation action? ____%

24. Using the list below, with <u>1 being the most important</u>, and <u>6 being the least important</u>, please prioritize the topics for which you would like assistance. Do not use a number more than once.

_____Accessions and acquisitions

_____Disaster preparedness

_____General care of collections (handling, storage)

_____Collection access (preparation of finding aids/cataloging)

_____Preservation/Conservation

_____ Education/Training

25. If the above selections do not represent your most pressing need, please describe your first priority relating to the care and management of this collection:

26. Where is the archival collection housed?

27. How and by whom is the archival collection used?

28. How do you promote the collections and accessibility to the public? (i.e., how do people know about your collections?)

29. Do you use this collection for public programs? ___Y ___ N
If yes, please describe(e.g. lectures, workshops, special events, teaching tools, etc.)

30. How would you assess the physical condition of this collection?

____Good ____Fair ____Poor ____Very Poor

31. What is one measurable objective you will achieve with TAP assistance? (limit 100 words)